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Examiner J. Kavanaugh	Byron S. Kuzara	
COMPANY:	DATE:	
U.S.P.T.O.	December 20, 2005	
FAX NUMBER:	TOTAL No. of PAGES:	
571-273-8300	20	
RE:	OUR REFERENCE No.:	
U.S. Serial No. 10/767,212	005127.00277	
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Amendment (16 pages) One Month Petition for Extension of Time (1 page) Fee Transmittal (1 page)

Serial No. 10/767,212 Attorney Docket No. 005127.00277

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petpart and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2313-1450. Department of Commerce, P.O. Box 1450, Alexandria, VA 2313-1450. FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-

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FEE TRANSMITTAL for FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Examiner Name J. Kavanaugh				
First Named Inventor Frederick J. Dojan, et al. Applicant claims small entity status. See 37 CFR 1.27 Examiner Name J. Kavanaugh Art Unit 3728 Attorney Docket No. 005127.00277 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge snry additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17				
First Named Inventor Frederick J. Dojan, et al. Applicant claims small entity status. See 37 CFR 1.27 Examiner Name J. Kavanaugh 3728 Attorney Docket No. 005127.00277 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge any additional fee(s) or underpayments of fee(s) Check Credit any overpayments Credit any overpayments				
TOTAL AMOUNT OF PAYMENT (5) 1,220 And Unit: 3728 Attorney Docket No. 005127.00277 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (pleass identify): Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below Charge sny additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17				
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Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) Indicated below ☐ Charge fee(s) Indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments Under 37 CFR 1.16 and 1.17				
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FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
FILING FEES SEARCH FEES EXAMINATION FEES				
Small Entity Small Entity Small Entity Application Type Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$)				
Utility 300 150 500 250 200 100				
Design 200 100 100 50 130 65				
Plant 200 100 300 150 160 80				
Reissue 300 150 500 250 600 300				
Provisional 200 100 0 0 0				
2. EXCESS CLAIM FEES Small Entity				
Fee Description Fee (\$) Fee (\$)	i			
Each claim over 20 (including Reissues) 50 25				
Each independent claim over 3 (including Reissues) 200 100				
Multiple dependent claims 360 180				
	Multiple Dependent Claims			
30 - 24 or HP= 6 x 50 = 300 Fee (\$) Fee Paid (\$				
HP = highest number of total cialms paid for, if greater than 20,				
Indep. Claims				
$\frac{7}{2}$ -3 or HP= 4 x $\frac{200}{2}$ = $\frac{800}{2}$				
HP = highest number of independent claims paid for, if greater than 3.				
3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)				
100 = / 50 = (round up to a whole number) x =				
4. OTHER FEE(S)				
Non-English Specification, \$130 fee (no small entity discount)				
Other (e.g., late filing surcharge): Petition for Extension of Time				
BUBMITTED BY	一			
Stgrature 3-5.16 Registration No. (Atterney/Apper) 51,255 Telephone 503-425-6800	<u> </u>			
Name (Print/Type) Byron S. Kuzara (Attorney/Agent) Date 12/20/05				

The collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form emilior suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petiant and Trademark Officer, U.S. Department of Courses, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1430, Alexandria, VA 22313-1450.